



FAMILY360 INC. & HOSANNA MINISTRIES, INC.

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CONFIDENTIALITY AND DISCLOSURE

I understand and accept that the Mental Health Association is governed by confidentiality rules. I will only disclose information in a confidential manner to the designated personnel or Family360 Staff Members.

I also understand that if any person I am meeting with disclosed having been abused, abandoned or neglected, I must report it immediately to Dr. Maul for follow-up.

PLEDGE OF CONFIDENTIALITY

I, _____, as a volunteer of the Family360, Inc. understand that during my work for the Family360 Counseling Center, I may learn certain facts about individuals being served that are of a highly personal and confidential nature. Examples of such information include, but are not limited to, medical and psychological diagnosis and treatment, finances, living arrangements, employment, relations with family members and the like. I understand that all such information must be treated as completely confidential. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with Family360 Inc. and authorized by the Family 360 Counseling Center without specific consent of the individual to whom such information pertains.

Print Name (First and Last Name)

Signature

Date